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Background

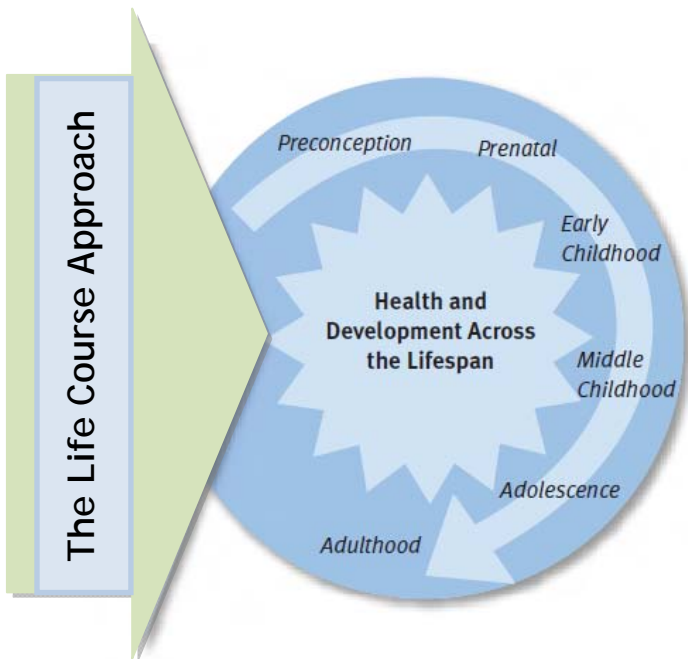
National funding requires us to build a single statewide plan.

In 2011, all states and seven territories received Chronic Disease Prevention and Health Promotion Program Grant funding to prevent chronic disease and promote health. The grant requires us to build a single statewide plan with the help of our partners. There are statewide and national priorities driving this work.

Statewide Priorities

The Washington State Department of Health aims to make the healthy choice, the easy choice where we live, learn, work, and play. We will do this by encouraging environmental, program, and system changes. We will also focus our resources in communities where people don't have equal opportunities to support a healthy life.

By adopting a life course approach, we can engage in prevention strategies throughout every stage of life-- from pre-conception through adulthood. This approach considers health in the context of life stage, and encourages early interventions to improve health outcomes. To do this effectively, the Office of Healthy Communities now includes the Maternal and Child Health, Chronic Disease Prevention and Control, and Family Planning programs.



National Priorities

The National Prevention Strategy is a comprehensive plan designed to increase the number of Americans who are healthy at every stage of life. The goal of this strategy is to view the intersection of health within multiple sectors to identify collaboration opportunities and build momentum for sustainable change.

Rethinking Maternal and Child Health (MCH) is a concept paper drafted by The U.S. Department of Health and Human Services Health Resources and Services Administration Maternal and Child Health Bureau. By combining a focus on health equity and social determinants with how biology and environment interact, life course theory enriches our understanding of how health develops over a life time and across generations.

The National Quality Strategy is an overarching policy designed to lead federal, state and local efforts in improving the quality of America's health care. The strategy aims to make health care more accessible, safe and patient-centered; addresses environmental, social and behavioral influences on health and health care; and makes care more affordable.

Healthy People 2020 is a set of goals developed to address chronic disease prevention and measure the ongoing health of the nation. The Centers for Disease Control and Prevention (CDC) and other funding entities use Healthy People 2020 to define chronic disease prevention grant goals.

Building Our Plan

A single statewide plan combining chronic disease prevention and a life course approach.

The **Washington State Plan for Healthy Communities** aligns our work with national, state, and local prevention efforts. Our state plan will:

- ❖ Build a strong foundation to prevent disease at every stage of life.
- ❖ Focus on chronic disease prevention and incorporate a life course approach.
- ❖ Be the roadmap for aligning and implementing prevention efforts in our communities.
- ❖ Drive funding and training opportunities and sharing of resources.
- ❖ Combine 14 separate topic-specific state health plans into a single plan.

Priority Areas

The Office of Healthy Communities identified eight topic areas to organize our state plan based on national and statewide priorities.

Priority Areas	
Healthy Starts	Sexual and Reproductive Health
Tobacco and Substance Free Living	Active Living and Safe Environments
Healthy Eating	Screening, Referral, and Follow-up
Social and Emotional Wellness	Clinical Preventive and Treatment Services
Health Equity	

Domains and Strategies

We identified strategies in each of the priority areas listed above. These strategies define the work needed to prevent chronic disease and promote health across the lifespan. We are currently working to further categorize each strategy into one of five key areas. The CDC also calls these key areas domains.

Domain Definitions	
Epidemiology and Surveillance	Gather, analyze, and disseminate data and information and conduct evaluation to inform, prioritize, deliver, and monitor programs and population health.
Environmental Approaches	Approaches that promote health and support and reinforce healthful behaviors (statewide in schools, worksites, and communities). Improvements in social and physical environments make healthy behaviors easier and more convenient for Americans.
Health System Interventions	Interventions to improve the effective delivery and use of clinical and other preventive services in order to prevent disease, detect diseases early, and reduce or eliminate risk factors and mitigate or manage complications.
Community-Clinical Linkages	Strategies to improve community-clinical linkages ensuring that communities support and clinics refer patients to programs that improve management of chronic conditions. Such interventions ensure those with or at high risk for chronic diseases have access to quality community resources to best manage their conditions or disease risk.
Health Equity	Employ a health equity lens in an effort to diminish any inequalities of individuals and communities in health outcomes, access to health care, and quality of health care regardless of race, gender, nationality, age, ethnicity, religion, and socioeconomic status.

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 711).

We need your help!

We are in the final phases of creating our **Washington State Plan for Healthy Communities** around these priority, domain, and strategy areas using the life course approach. The goal is to find opportunities where your work aligns with these areas so we can build healthier communities together. Attached you will find eight documents detailing each our priority areas, their definitions, and our strategies. We have prepared a feedback survey that we would like you to complete. You can also email us with feedback at any time: OHC@doh.wa.gov

Healthy Starts

A healthy start means babies are born as healthy as possible and are cared for in safe, healthy, and nurturing environments.

This is important because genetics and early experiences impact future health and development across the life span. Communities support a healthy start for all children through family-centered programs that:

- Assure access to women’s preconception, prenatal and reproductive education, and health care.
- Assure access to age-appropriate medical, dental, behavioral health, education and care within a medical home.
- Promote child health and developmental screening, education, and referral at appropriate ages.
- Promote healthy eating and active living through access to food and opportunities for healthy and safe play.
- Address health and safety issues in both community and home environments.

Strategies

We will use the following strategies and interventions to improve health starts in Washington.

Increase availability to quality women’s preconception, prenatal and reproductive education.	
<ul style="list-style-type: none"> • Maintain the scientific accuracy and dissemination of Department of Health women’s health messages. • Conduct targeted public marketing campaigns and dissemination of educational materials on focused topics, such as: <ul style="list-style-type: none"> ○ The use of folic acid among women of reproductive age to prevent birth defects. ○ The avoidance of alcohol and drugs among women of reproductive age who may get pregnant. ○ Specific reproductive health issues and family planning methods. ○ Healthy Babies are Worth the Wait campaign to promote full term deliveries. ○ The Washington Steps Up campaign to promote breastfeeding in hospital, employment, and community settings. ○ Parenting classes for prospective mothers and fathers. 	<ul style="list-style-type: none"> • Use innovative communication technologies to reach women who are pregnant or post-partum with messages about health and access to services, like: <ul style="list-style-type: none"> ○ Text4Baby. ○ Family Health Hotline. ○ WashingTeen Health. ○ ParentHelp123.org. • Participate in workforce development activities with partners and stakeholders, including staff, students, contractors, and providers on reproductive health issues, such as: <ul style="list-style-type: none"> ○ Home Visiting services for vulnerable populations. ○ Family planning methods and approaches. ○ Full term deliveries.

Assure access to quality women’s preconception, prenatal and reproductive health care that includes dental and behavioral health care.

<ul style="list-style-type: none"> • Develop and disseminate practice guidelines, standards of care, and prevention/health promotion messages on women’s health care. • Provide training, coaching, and technical assistance to provider organizations on implementation of these standards/guidelines/practices. • Work with communities and local health jurisdictions to expand the health care work force through training, networking, and outreach activities. 	<ul style="list-style-type: none"> • Convene and partner with stakeholders, including the Health Care Authority, Office of the Insurance Commissioner, hospitals, and payers to assure consistent and appropriate policies and coverage for needed women’s preconception, prenatal, and reproductive health care services. • Partner with community organizations and providers to identify and address inadequate network capacity and other barriers that prevent people from accessing primary, specialty and preventive care.
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Increase availability of quality pediatric age-appropriate medical, dental, and behavioral health education.

<ul style="list-style-type: none"> • Develop and disseminate quality pediatric health education materials to providers and caregivers about issues related to the promotion of infant/child health and development. • Include pediatric health education topics in workforce development activities with staff, contractors, and providers. • Identify a broad range of partners to collaborate with on health education activities to impact successful child development. 	<ul style="list-style-type: none"> • Provide training and technical assistance for providers on the importance of educating patients on infant/child health and development. • Publicize the use of existing local, state, and national traditional and social media pediatric health campaigns.
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Improve access to quality pediatric age-appropriate medical, dental, and behavioral health care within a medical home for all children.

<ul style="list-style-type: none"> • Partner with Department of Early Learning to provide home visiting services to vulnerable families with young children. • Partner with Health Care Authority, Office of the Insurance Commissioner, payers and providers to support systems changes to improve access, ensure adequate health benefits, and require the reimbursement of needed services (e.g., developmental screening, nutrition, habilitative services and medical/health homes). • Provide technical assistance and training to health care providers, treatment centers, local health jurisdictions, and other community providers to enhance their knowledge and skills to provide quality pediatric health care. 	<ul style="list-style-type: none"> • Work with communities and Local Health Jurisdictions (LHJs) to expand the health care work force within communities as needed through training, networking, and outreach activities. • Partner with community organizations and providers to identify and address inadequate network capacity and other barriers that prevent people from accessing primary, specialty, and preventive care. • Promote community referral and linkages to quality pediatric services through partnerships with LHJs, parent support organizations, community health centers, etc.
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Use, develop, and disseminate scientifically accurate and culturally and linguistically appropriate health education materials.

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| <ul style="list-style-type: none">• Utilize parent and consumer organizations to review all health education material for cultural and linguistic appropriateness.• Use professional standards of practice and evidence based resources to evaluate and develop educational materials.• Translate health education materials as appropriate and needed (i.e., adhere to National Standards for Culturally and Linguistically Appropriate Services in Health Care). | <ul style="list-style-type: none">• Coordinate with existing agencies, organizations, and workgroups with subject-matter expertise (such as the Washington State Department of Health Nutrition workgroup) as a clearinghouse for interagency and partner developed material, content expertise and review of education materials.• Post scientifically accurate and culturally and linguistically appropriate health education materials to Washington State Department of Health website, Health Education Resource Exchange (H.E.R.E.), and other relevant partner websites. |
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Promote child health and developmental screening, education, and referral at appropriate ages.

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| <ul style="list-style-type: none">• Build, maintain, and promote data systems to support surveillance, tracking, and referrals of children undergoing periodic universal developmental screening.• Provide technical assistance and support to home visiting programs, which include appropriate pediatric health and developmental screenings, to support all parents and caregivers' ability to raise healthy children.• Educate the public, providers, and decision makers about the importance of appropriate childhood health and developmental screening. | <ul style="list-style-type: none">• Provide support and technical assistance to providers to assure the quality of pediatric health and developmental screenings.• Provide technical assistance and support to families to complete a Family Health History and providers to collect or update the Family Health History at every patient encounter.• Support system improvements for new routines in health care for children. |
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Educate about the need for payer coverage for health education and screening services.

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| <ul style="list-style-type: none">• Provide data and information regarding the benefits of paying for family-centered health education services to decision makers including employers, Office of the Insurance Commissioner, and third party payers both public and private. | |
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Promote healthy eating and active living through access to food and opportunities for healthy and safe play.

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| <ul style="list-style-type: none">• Provide support and technical assistance to early learning and child care providers, school staff, parents, and communities about healthy eating habits, appropriate nutrition, and the importance of active living for all children, including children with special health care needs.• Educate providers on strategies to achieve healthy weight gain during pregnancy, and disseminate existing Department of Health clinical tools.• Develop and disseminate educational materials to communities and decision makers that promote healthy, nurturing and safe play environments and appropriate equipment design. | <ul style="list-style-type: none">• Support and educate consumers and employers on breastfeeding friendly workplaces, supportive systems, and practices.• Include health education topics related to safe and healthy children to topics in workforce development activities with staff, contractors, and providers. |
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Address and promote health and safety issues in both community (including schools, children's group care, and childcare) and home environments.

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| <ul style="list-style-type: none">• Educate providers, caregivers, childcare providers, and the community about health issues such as screen time, safe sleep, asthma and indoor air quality, and toxic stress using both traditional and social media.• Partner with community organizations, and local and state agencies to provide technical assistance and support for health and safety interventions in the home and community.• Promote parent and caregiver support, classes, and education on healthy and safe home and community environments. | <ul style="list-style-type: none">• Educate the community, health care providers, early learning providers, schools, and others on the connection between health and learning outcomes.• Include healthy and safe home and community environments in workforce development activities with staff, contractors, and providers.• Support development and implementation of interventions that promote safe environments in all communities, such as violence prevention. |
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For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 711).

Sexual and Reproductive Health

Sexual and reproductive health means making respectful and responsible decisions about sex, relationships, and childbearing

It is crucial to provide effective sexual health education and equitable access to safe and affordable family planning services. Family planning and sexual health services include:

- Access to accurate information.
- Confidential clinical care.
- Counseling and medication for contraception.
- Counseling and medication for HIV and sexually transmitted infections (STIs).
- Reproductive-related cancer screenings and referrals.

Empowering individuals, families, and communities to have informed and positive discussions about sexual and reproductive health issues will improve overall health in Washington State.

Strategies

We will use the following strategies and interventions to improve sexual and reproductive health in Washington.

Enhance and maintain health systems for sexual and reproductive health to increase access and timeliness of preventive care, screening, and treatment.

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| <ul style="list-style-type: none"> • Increase the number of school-based health centers that offer sexual health care. • Help cultivate relationships between family planning providers and community health clinics and other primary care clinics, especially in rural communities. • Increase awareness of preventive health services under health reform and how to get access to those services. | <ul style="list-style-type: none"> • Integrate the use of electronic health records in family planning clinics while implementing the Affordable Care Act. • Expand and train on telemedicine capabilities for family planning providers. • Train primary care providers on providing sexual health and family planning services in the wake of health care reform. |
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Educate and inform local and state-level decision makers about how important sexual and reproductive health is to the health of a community and public health as a whole.

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| <ul style="list-style-type: none"> • Educate and inform about the gaps in service and coverage once health care reform is implemented and how to address them. • Educate about closing the gaps in access to contraception, including emergency contraception and long-acting reversible contraception methods. | <ul style="list-style-type: none"> • Use data from expanded systems, such as Behavioral Risk Factor Surveillance System and the Healthy Youth Survey, to inform about the value of family planning methods and programs, and of sexual health education across the lifespan. • Develop a system to respond to public misinformation about sexual and reproductive health programs by providing the accurate and factual information to decision makers. |
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Increase access to contraceptive services and supplies, including long-acting reversible contraceptives, to reduce disparities in unintended pregnancy.

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| <ul style="list-style-type: none"> • Increase the number of school-based health centers and ensure they provide reproductive-related care and supplies. • Develop connections between family planning clinics and primary care facilities. | <ul style="list-style-type: none"> • Develop a guide for accessing contraceptive supplies and services, including emergency contraception. • Increase awareness of long-acting reversible contraception methods in the general population and among specialty and primary care providers, including developing targeted outreach materials and coordinating long-acting reversible contraception training for providers who request it. |
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Cultivate community structures to support sexual health education, especially for adolescents and young adults, to reduce sexual risk-taking.

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| <ul style="list-style-type: none"> • Revise, finalize and implement the Washington Youth Sexual Health plan. • Sustain evidence-based sexual health education programs in schools. • Work with universities and community colleges to offer sexual health education programs to their students and to work with their teacher programs. | <ul style="list-style-type: none"> • Help family planning and primary care clinics adopt evidence-based clinic-based sexual health education programs. • Create a forum for youth input regarding outreach for adolescent sexual health. • Sustain programs that support the educational and career success of pregnant and parenting teens and young women and their children. |
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Educate individuals about reproductive life planning to decrease teen pregnancies and increase the proportion of women and families with healthy pregnancy intervals.

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| <ul style="list-style-type: none"> • Coordinate training for primary and specialty care providers on how to discuss reproductive life plans with patients of all ages. | <ul style="list-style-type: none"> • Develop targeted, culturally and age-appropriate educational materials for providers and for the general public about reproductive life planning, how to do it and the benefits to doing it. |
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Develop data systems to create usable data around contraceptive use, pregnancy rates, STI rates, and sexual behavior.

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| <ul style="list-style-type: none"> • Restore the Behavioral Risk Factor Surveillance System family planning module to measure contraceptive use and sexual risk behaviors; add questions as needed to measure access to family planning and sexual health services. • Expand and require the Healthy Youth Survey demographics section to include questions on sexual orientation. | <ul style="list-style-type: none"> • Require the Healthy Youth Survey sexual behavior section be included on the regular survey forms and expand to include questions that will more effectively measure contraceptive use, STIs and unhealthy sexual activity among young people. • Analyze and present findings using media and methods that reach adolescents and adults in need of family planning services, family planning providers, and other family planning stakeholders. |
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Tobacco and Substance Free Living

Unhealthy use of alcohol, tobacco, and other drugs across the life span can lead to addiction, disease, injury, and premature death.

Tobacco free-living means avoiding use of all types of commercial tobacco products and exposure to secondhand smoke. By reducing access, changing norms, identifying substance abuse early, and providing necessary services, communities contribute to a healthier environment.

Strategies

We will use the following strategies and interventions to increase the number of people living tobacco and substance free in Washington.

Enhance capacity, infrastructure, and leadership of non-governmental community-based organizations serving culturally diverse, low socioeconomic status, and other socially disadvantaged populations.

- Reinstitute cross cultural/community networks representing specific subgroups experiencing tobacco-related disparities. Networks will assist the state tobacco program by collaborating and providing expert consultation and technical assistance on promising and proven practices.
- Provide community tailored/specific training, technical assistance, and leadership development activities to enhance the capacity and infrastructure (systems staffing, technical support, etc) of community based organizations to develop and implement a comprehensive tobacco prevention approach that serves their communities.
- Through collaboration with the networks, increase participation and inclusion of diverse community organizations in capacity building and implementation funding opportunities to address the disproportional use of tobacco and exposure to secondhand smoke.
- Provide data and information to selected community based organizations serving populations or communities experiencing tobacco related disparities to share with policy makers.
- Develop an implementation plan that reflects evidence based or promising strategies to define and eliminate tobacco-related disparities. Implementation plan will address strategies and tactics articulated in the Tobacco Prevention and Control Program five-year strategic plan. The plan covers April 2009-March 2014 and will incorporate youth tobacco prevention, cessation, and elimination of exposure to secondhand smoke.

Increase the number of providers and clinicians (behavioral and medical) who screen all patients for tobacco, alcohol and drug use and educate providers to refer and provide - or link to - cessation/treatment services and resources.

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| <ul style="list-style-type: none"> • Develop tobacco cessation/treatment module for Patient-Centered Health Home/Health Home Collaborative, ensuring focus on pregnancy. • Coordinate with the Division of Behavioral Health and Recovery to promote alcohol screening among health care providers. • Maintain pregnancy specific tobacco cessation materials and substance abuse screening materials for providers. • Continue to have quitline cards and counseling services available to providers. | <ul style="list-style-type: none"> • Maintain/update webpages for health care providers. • Provide technical assistance for tobacco cessation to providers and substance abuse during pregnancy. • Coordinate with Community Health Worker program to facilitate linkages to cessation treatment services and resources. • Coordinate with the Division of Behavioral Health and Recovery to promote screening, brief Intervention, and treatment of substance abuse in primary care. |
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Establish a mechanism for reimbursement of comprehensive tobacco cessation services and substance abuse and mental/behavioral health treatment.

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| <ul style="list-style-type: none"> • Research essential elements for reimbursement of tobacco cessation/substance abuse/behavioral health treatment. • Facilitate discussions between the Washington State Health Care Authority and Washington Health Benefit Exchange to explore universal policies. • Advocate the Washington State Office of the Insurance Commissioner require adequate cessation services and nicotine replacement therapies. | <ul style="list-style-type: none"> • Develop relationships with stakeholders who can monitor compliance with Essential Health Benefits package. • Educate employers and unions on the public health impact of providing adequate coverage. |
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Increase the number of places that protect employees, customers, patrons, and others from secondhand smoke.

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| <ul style="list-style-type: none"> • Promote the adoption and implementation of evidence based secondhand smoke policies. • Provide consultation to employers, health care systems, multi-unit housing managers/owners, and treatment facilities to promote site-specific secondhand smoke policies. • Provide consultation on secondhand smoke policy enforcement. | <ul style="list-style-type: none"> • Promote and provide direct cessation services through the quitline in places where secondhand smoke policies have been adopted. • Maintain and update secondhand smoke website. • Issue a call to action for all institutions of higher education to adopt and implement secondhand smoke policies. |
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Seek sustainable alcohol, tobacco, and other drugs prevention funding (such as quitline, etc).

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| <ul style="list-style-type: none"> • Promote success stories and data that show efficacy of cessation treatment and prevention programs. • Educate stakeholders on tobacco-related and substance abuse disparities. | <ul style="list-style-type: none"> • Engage community-based organizations and coalitions to educate stakeholders and policymakers on efficacy of cessation treatment and prevention programs. |
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Develop and promote messaging about tobacco (including e-cigarettes and unapproved nicotine delivery devices) and substance abuse harms (curriculum and public awareness campaigns), and effective ways to quit.

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| <ul style="list-style-type: none">• Promote the use of evidence based prevention curriculum in K-12 schools, including youth leadership development models.• Develop messaging for paid and earned media campaigns.• Develop and execute public messaging campaigns about tobacco and substance use harms. | <ul style="list-style-type: none">• Promote quitline through paid and earned media campaigns.• Promote and support prevention and intervention specialists in schools to provide education and counseling in schools. |
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Reduce tobacco and alcohol advertising and promotions, product placement, and advertising seen by kids (point of sale, media, etc.).

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| <ul style="list-style-type: none">• Promote smoking in movies campaign to restrict tobacco use in any non R-rated movies among stakeholders and policymakers.• Raise awareness of impact of product placement, in-store advertising, and tobacco/alcohol retailer location on youth. | <ul style="list-style-type: none">• Educate policymakers on the impact of preemption/local control of tobacco/alcohol policies at the point-of-sale.• Support community-level interventions to promote healthy retailing as an alternative to tobacco/alcohol/unhealthy foods retailing. |
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Enforce youth access laws.

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| <ul style="list-style-type: none">• Encourage and support schools in the enforcement of existing laws and policies on tobacco use on K-12 campuses.• Maintain implementation of and increase compliance checks and retailer education on alcohol and tobacco laws. | <ul style="list-style-type: none">• Mobilize communities to reduce or eliminate youth access to tobacco/alcohol/illegal substances.• Increase fines, penalties and fees for illegal sales to minors. |
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Active Living and Safe Environments

Active living is getting the recommended level of physical activity daily.

Engaging in regular physical activity is an important way to improve health and lower preventable chronic disease and obesity. Safe community environments help people of all ages and abilities engage in physical activity on a routine, daily basis. By working on policy, environment and system changes, communities promote and assure active and safe living to improve physical and social emotional health and well-being.

Strategies

We will use the following strategies and interventions to improve active living and safe environments in Washington.

Ensure that early childhood education settings for children ages 0 to 5 years promote and facilitate physical activity.

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| <ul style="list-style-type: none"> • Develop policies that clearly define physical activity components for Head Start and other early childhood program providers. • Develop and institute state-level standards for early childhood education programs that require the delivery of safe and appropriate physical activity programming. • Work with community college systems to include physical activity training as part of childcare certification and early childhood training programs. | <ul style="list-style-type: none"> • Advocate for physical activity policies at childcare facilities that address the developmental needs of all children, including children with disabilities, those classified as obese, or children at high risk of inactivity. • Provide information and technical assistance to Department of Early Learning on Washington Administrative Codes (WACs) or Revised Codes of Washington (RCWs) regarding physical activity policies. |
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Provide opportunities to reduce sedentary behaviors such as use of TV, computers, and mobile devices by increasing physical activity in all settings.

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| <ul style="list-style-type: none"> • Provide childcare trainings and resources for early childhood professionals on physical activity and screen time reduction policies. • Reduce screen time after school by limiting children's television time to no more than one or two hours of quality programming per day by providing training and example policies to afterschool program staff. | <ul style="list-style-type: none"> • Provide trainings or information to worksites, early childhood education settings, or afterschool programs to limit screen time. |
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Provide children with access to and opportunities for physical activity before and after school.

- Support Safe Routes to School efforts to increase active transportation to and from school and support accommodations for children with disabilities.
- Encourage Washington State to adopt standards for the inclusion of physical activity in after-school programs.
- Require a physical activity component in all state and federally funded after-school programs, including 21st Century Community Learning Centers.
- Work with community college systems to include physical activity training as part of early childhood and school-age childcare preparation programs.
- Subsidize the transportation and program costs of after-school programs through local, state, and federal sources.
- Provide resources for innovative pilot projects in after-school settings.
- Encourage Washington State to abide by national after-school accreditation standards on physical activity as applicable, and advance state licensure requirements in alignment with those standards.

Provide scheduled opportunities for daily, active recess or physical activity time at school and early childhood education settings.

- Provide daily recess breaks for unstructured play.
- Ensure that equipment standards are safe and playground facilities are available for active play.

Integrate land-use, transportation, community design, and economic development planning with public health planning to increase active transportation and other physical activity.

- Create standards to guide communities to develop integrated plans that incorporate land-use, transportation, community design, parks, trails, and greenways, and economic development planning.
- Identify resources that will enable communities to prioritize and implement projects that demonstrate integrated approaches and create more mixed-use community settings.
- Develop standards for health impact assessments (HIAs) for use in planning processes, including how HIAs can provide recommendations to increase positive health outcomes.
- Develop standards for small and rural local governments that guide integrated land-use, transportation, community design and economic development decisions to support increased physical activity and improved health outcomes.
- Support the development of standards and identification of “best practices” for the dissemination and adoption of “safe routes” initiatives such as “Safe Routes to School,” “Bike-to-Work,” and other active transportation programs.

Promote programs and facilities where people work, learn, live, play and worship (i.e., workplace, public, private, and non-profit recreational sites) to provide easy access to safe and affordable physical activity opportunities.

<ul style="list-style-type: none">• Adopt community strategies that improve access to and the safety and security of parks, recreation, fitness, and sports facilities, especially in low-resource and high-crime neighborhoods. Improve access to public-private recreational facilities in communities with limited recreational opportunities through:<ul style="list-style-type: none">○ Reduced costs for participation in programs and/or use of facilities.○ Increased operating hours.○ Co-location of schools and parks and recreation facilities.○ Availability of childcare.○ Joint use agreements.	<ul style="list-style-type: none">• Establish new parks and trails.
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Promote and encourage worksites to develop policies, practices, and environments that support physical activity.

<ul style="list-style-type: none">• Promote work environments where active living is the norm.• Support employees in taking physical activity breaks from work.	<ul style="list-style-type: none">• Connect employees to resources that support active living in communities where employees reside as well as work.
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Support and educate health care professional organizations and providers so they can establish practices to assess patients' level of physical activity and discuss ways to make progress toward meeting the Physical Activity Guidelines for Americans.

<ul style="list-style-type: none">• Community clinics will educate providers on the best way to ensure groups at high risk for chronic disease and inactivity have equal or better access to physical activity services in clinical settings than the general patient population.• Community clinics will train providers in educating patients about the importance of physical activity and in tracking the prevalence of physical inactivity.	<ul style="list-style-type: none">• Work with insurance providers to ensure reimbursement for patient education and referral.
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Healthy Eating

Healthy Eating is consuming a balanced diet that meets individual nutritional needs.

A healthy diet includes a variety of vegetables, fruits, lean protein, low-fat and non-fat milk and milk products, and whole grains while limiting excess fat, sugar, and salt. Healthy eating promotes growth and development, including brain development, oral health, healthy body weight, and reduces chronic disease over the life course.

Breastfeeding is the normal and preferred practice for feeding infants a healthy diet. We encourage healthy eating by making these choices easy to understand, affordable, and accessible.

Strategies

We will use the following strategies and interventions to improve healthy eating in Washington.

Increase access to healthy foods and beverages in communities.

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| <ul style="list-style-type: none"> • Ensure state level guidance documents, processes, and policies support equitable healthy eating in communities. • Assure that people with special health care needs have access to nutritionally sound modified diets. • Include healthy eating concepts and language in municipal policies and tools such as comprehensive plans, zoning, ordinances, permits, and licensing rules. • Increase and promote affordable healthy food and beverage options in corner stores, including ensuring the ability to accept WIC/SNAP. • Improve mechanisms for purchasing foods from farmers markets and farms, including ensuring the ability to accept WIC/SNAP and farm-to-institution programs. • Increase sustainable community gardens in underserved areas. | <ul style="list-style-type: none"> • Increase sustainable community gardens in underserved areas. • Improve access to supermarkets. • Improve healthy food options for food insecure individuals through food programs such as Summer Meal Programs, Emergency Food Programs, senior meal programs and food banks. • Increase and promote healthy and beverage options in restaurants, including offering healthy foods and beverages as default menu options. • Increase menu labeling in restaurants, vending, snack bars and cafeterias. • Increase access to drinking water, especially free drinking water. • Limit unhealthy food and beverage outlets near schools and in residential areas. |
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Increase access to healthy foods and beverages in worksites.

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| <ul style="list-style-type: none"> • Increase sustained management support for healthy eating practices and policies in the worksite, with leadership serving as models. • Increase practices and policies that support employees in taking breaks and accessing on-site and community-based resources for healthy eating. | <ul style="list-style-type: none"> • Increase and promote healthy foods and beverages in worksites, including vending, cafeterias, on-site retail and meetings/events. • Ensure access to free, safe drinking water. |
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Increase access to healthy foods and beverages in early learning settings.

- Ensure state systems support healthy eating and nutrition education in early learning settings as defined in Caring for Our Children, 3rd edition.
- Assure that children with special health care needs have access to nutritionally sound modified diets.
- Include healthy food and beverages, breastfeeding support and nutrition education in policies and parent and employee handbooks.
- Develop and disseminate menus that provide healthy foods and beverages and limit provision of unhealthy foods and beverages in early learning settings.
- Ensure affordable access to healthy foods for early learning providers.
- Assess best practices in healthy eating among early learning facilities.
- Ensure access to free, safe drinking water.

Increase access to healthy foods and beverages in facilities that are responsible for the full – time care of others, such as residential treatment centers, group homes and correctional institutions.

- Ensure state systems support healthy eating and nutrition education in residential/institutional settings.
- Adopt policies to ensure availability of healthy foods and beverages and limit unhealthy items.
- Improve menus to provide healthy foods and beverages and limit provision of unhealthy foods and beverages in these settings.
- Ensure affordable access to healthy foods for residential facilities and institutions.
- Ensure access to free, safe drinking water.

Increase access to healthy foods and beverages in, K-12 and higher education settings.

- Adopt policies to ensure availability of healthy foods and beverages, and limit unhealthy items.
- Provide and promote healthy food and beverage options and limit provision of unhealthy foods and beverages in all food venues including on-site retail, cafeterias and vending.
- Ensure access to free, safe drinking water.

Increase access to healthy foods and beverages in healthcare settings.

- Adopt policies to ensure availability of healthy foods and beverages, and limit unhealthy items.
- Provide and promote healthy food and beverage options and limit provision of unhealthy foods and beverages in all food venues including on-site retail, cafeterias, cafes, and vending.
- Ensure access to free, safe drinking water.

Increase individuals' knowledge, skills and abilities to make healthy food choices across the life course.

- Provide opportunities to build skills and knowledge regarding healthy food and beverages.
- Provide opportunities to build skills and knowledge regarding breastfeeding and breastfeeding support.

Increase support for breastfeeding.	
<ul style="list-style-type: none"> • Ensure state level guidance documents, processes, and policies support breastfeeding in communities, worksites, childcare facilities, healthcare settings, and institutions. • Promote environments, practices, and policies that support breastfeeding in worksites, schools, institutions, healthcare, and communities. 	<ul style="list-style-type: none"> • Promote and support Washington Steps Up.
Maintain and enhance surveillance of health outcomes, behavioral risk factors, environmental and systems changes related to healthy eating.	

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Screening, Referral and Follow-up

Delivering early screening, referral, and follow-up improves population health across the life course.

Community-based screening, referral, and follow-up addresses social, environmental, and economic inequities by providing linkages to health and supportive services, and removing barriers to access. Community-based interventions address negative health influences by targeting social, environmental, and economic inequities and improving access to quality services. Community-based screenings and interventions are provided outside of clinical provider settings, usually by non-clinicians. Screening can identify individuals' health issues that may need further diagnosis and treatment. Screening can also identify people and families' needs for programs and services to support their health and development. Referral and follow up are the actions they take to act on the findings of those screenings and get the services they need.

Strategies

We will use the following strategies and interventions to increase screening, referral, and follow-up for people in Washington.

Increase public awareness of screening needs and opportunities, how and where to get screened, and how to respond to results. Include targeted outreach to high risk and hard to reach populations.

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| <ul style="list-style-type: none"> • Develop and disseminate appropriate (cultural, linguistic, education level, etc.) information to all stakeholders, including community partners and targeted populations. • Provide training and technical assistance to community partners on evidence-based and nationally recommended interventions and standards. • Increase community demand and awareness of screenings by engaging employers and health insurance companies. For example, health insurance companies sending client reminders. • Engage community partners and provide resources to improve awareness and value of screening and early identification of health problems for all populations. | <ul style="list-style-type: none"> • Develop campaigns and materials that promote value of early identification and detection of health issues for better treatment outcomes, including addressing emotional barriers. • Provide technical assistance and expert knowledge to community partners to support and provide resources promoting awareness of components of medical/health homes. • Promote use of medical/health homes with a focus on preventive care and intervention services, including for children with special health care needs. |
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Promote and provide support to build capacity and availability of services, including geographic availability.

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| <ul style="list-style-type: none">• Build capacity for community health workers by offering educational opportunities.• Engage employers to adapt policies to improve health, including workplace wellness programs that include screenings, health insurance benefits to support screenings, and workplace policies to support access to services.• Increase community access to primary care and medical/health homes by increasing provider capacity, especially for underserved regions and populations. Accomplish this through policy changes, payment reform, and medical school and internship recruitment and education. | <ul style="list-style-type: none">• Increase school-based developmental and health screening, referral and follow up.• Develop best practices, guidelines and/or tool kits for community based programs to do screenings and help client's access services. |
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Encourage delivery of services in ways that are culturally and linguistically appropriate and acceptable for the population being served.

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| <ul style="list-style-type: none">• Partner with and support organizations that address cultural and linguistic barriers, such as providing access to interpretation and translation, and increasing cultural acceptability.• Increase the evidence base for culturally and linguistically appropriate screening, referral, and follow-up services, including within medical/health homes.• Connect partners and consumers with culturally appropriate resources. (ex: National Diabetes Education Program materials in multiple languages). | <ul style="list-style-type: none">• Encourage training of diverse populations to provide services, including medical/health homes.• Provide technical assistance to consumers on how to access and advocate for culturally and linguistically appropriate services, including medical/health homes. |
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Develop and enhance systems, policies and to support funding, availability and accessibility of screening, referral and follow-up services.

<ul style="list-style-type: none"> • Partner with and leverage support for organizations to address barriers, such as providing access to transportation, child care, and other services to support vulnerable communities' accessing services. • Work with state and local partners to leverage support and build infrastructure so that high risk families receive home visiting and other services. • Work with state and local partners to leverage support and build infrastructure so that everyone has access to screening and linkages to appropriate services and coordination of care. • Recommend financing mechanisms to motivate practices to become and maintain themselves as medical/health homes. • Recommend payment policies to foster collaboration and coordination among primary care, specialty care, and community providers, as well as other partners involved in care. 	<ul style="list-style-type: none"> • Improve coordinated care for families by increasing collaboration with support networks. • Identify and pursue funding for state, local, and private system coordination. • Recommend financing mechanisms to integrate developmental, mental health, tobacco and substance use screenings into primary care across all age groups. • Facilitate linkages and communication between community partners, social service agencies and clinical settings to reduce duplication of services and overcome barriers to screening, referral, and follow-up. • Develop relationships through coalition building across public and private partners to identify and work toward common goals for screening, referral, and follow-up.
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Seek sustainable alcohol, tobacco, and other drugs prevention funding (such as quitline, etc)

<ul style="list-style-type: none"> • Promote success stories and data that show efficacy of cessation treatment and prevention programs. • Educate stakeholders on tobacco-related and substance abuse disparities. 	<ul style="list-style-type: none"> • Engage community-based organizations and coalitions to educate stakeholders and policymakers on efficacy of cessation treatment and prevention programs.
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Social and Emotional Wellness

Social and emotional wellness is critical to health and well-being, including chronic disease prevention.

Social and emotional wellness across the life span includes being able to develop and sustain nurturing relationships, community connections, and healthy expression of thoughts and feelings. From the earliest stages of life, social and emotional wellness helps build a foundation for people to realize their full potential, cope with the stresses of life, work productively, engage in activities that support health, and make meaningful contributions to society. State agencies, public health leaders, organizations, and communities promote policies, systems, and environments that increase social and emotional wellness for all people.

Strategies

We will use the following strategies and interventions to improve the social and emotional wellness in Washington.

Engage public health and other leaders in promoting social and emotional wellness to improve overall health and wellbeing.

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| <ul style="list-style-type: none"> Engage public health leaders in promoting social and emotional wellness as a crucial part of public health work. Increase awareness of connections between social and emotional wellness and physical health. | <ul style="list-style-type: none"> Increase awareness of connections between social and emotional wellness and educational success, parenting, economic stability, productivity, and non-criminal behavior. Engage leaders to promote a coordinated and comprehensive network of services to support social and emotional wellness, including child and family serving systems. |
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Promote positive early childhood development, including nurturing relationships with parents and other caregivers, and violence-free homes.

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| <ul style="list-style-type: none"> Implement a coordinated, comprehensive early childhood system, including social, emotional and mental health. Provide information about nurturing parenting to parents, service providers, and community members. Promote a coordinated system of home visiting. | <ul style="list-style-type: none"> Achieve universal developmental screening, including social-emotional/mental health, for young children and behavioral health screening for parents. Increase community capacity to prevent and respond to violence in the home. |
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Promote social connectedness, healthy relationships, violence-free environments, and community engagement across the lifespan.

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| <ul style="list-style-type: none">• Increase and support the capacity of communities to implement healthy behavior and relationship skill building in schools, communities, and clinical settings, including sexual violence primary prevention skill building.• Increase and support the capacity of communities to implement problem-solving, coping, and resiliency skill building in schools, communities, and clinical settings.• Create community support for individuals advocating for their own behavioral health and violence-related needs. | <ul style="list-style-type: none">• Increase community and clinic capacity to prevent perpetration of violence, identify domestic violence and sexual assault, and refer to resources, including emotional support and healthcare.• Increase community capacity to prevent Adverse Childhood Experiences (ACEs) and promote resiliency.• Promote safe, stable, and nurturing families to prevent child abuse and neglect. |
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Cultivate systems and communities that provide individuals and families with the support necessary to maintain positive mental well-being, including connecting with appropriate health, social, economic, recreational, and other services.

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| <ul style="list-style-type: none">• Develop and provide tools and training to primary care teams and community health workers to provide screening and follow-up services, including linking to community resources and services.• Increase and support the implementation of compassionate/complex trauma informed systems and services.• Increase community capacity to connect families/people with services to manage chronic conditions, including mental health conditions and substance abuse. | <ul style="list-style-type: none">• Increase community capacity for substance abuse prevention and mental health promotion.• Increase coordination among services that impact social and emotional wellness to create an integrated network.• Implement support programs for teen parents and teen pregnancy prevention programs. |
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Promote early identification of behavioral health (mental health/substance abuse) issues and access to quality behavioral health services across the lifespan.

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| <ul style="list-style-type: none">• Develop and provide tools and training to primary care staff and community health workers to integrate behavioral health screening and follow-up intervention strategies.• Improve access to effective behavioral health treatment, for infants, children, youth, families, and individuals.• Increase and support the implementation of school based health centers with licensed mental health and sexual health services. | <ul style="list-style-type: none">• Connect primary care providers to resources for treating patients with adverse experiences.• Promote recovery for children, youth and adults with mental illness.• Reduce stigma associated with a behavioral health diagnosis and participating in treatment. |
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Clinical Preventive and Treatment Services

Foster measurable quality improvements across the health system, for patients and families throughout the life course.

Provider teams and health systems will have the knowledge and skills to improve clinical preventive care, screening, diagnosis, and management to work to the top of their scope. Teams and systems will use this knowledge to adopt and/or adapt guidelines, policies, and evidence-based practices, support patient and family self-management, engage community based resources and fully integrate quality improvement.

Strategies

We will use the following strategies and interventions to increase the use of clinical preventive and treatment services in Washington.

Improve the knowledge and ability of health care providers to deliver comprehensive services from pre-conception to end-of-life using evidence-based practices.

- Facilitate quality improvement by providing training, technical assistance, resources to health care providers so they can:
 - Perinatal*
 - Implement evidence-based policies to eliminate unnecessary deliveries before 39 weeks.
 - Implement evidence-based labor management standards.
 - Implement evidence-based prenatal/perinatal care.
 - Children, adolescents, and their families*
 - Practice family-centered care.
 - Assure well child checks are done at the right times and that they include developmental and oral health screening, and immunizations.
 - Provide guidance to parents to assure children's social and emotional well-being.
 - Give treatment options and help with moving between care settings for children with special health care needs.
 - Screen children and adolescents for overweight and obesity using U.S. Preventive Services Task Force Guidelines.
 - Screen adolescents for risky behaviors using U.S. Preventive Services Task Force and Health and Human Services Guidelines.
 - Provide adolescents with preventive services recommended by the U.S. Preventive Services Task Force and HHS.
 - Identify and refer patients to appropriate community-based services.

General/adults

- Decrease risk factors and improve control for high blood pressure, stroke, and heart disease by following recommendations for use of aspirin, blood pressure and cholesterol control, stopping smoking, and blood sugar and weight management.
- Follow U.S. Preventive Services Task Force and Health and Human Services Guidelines for preventive services, to include but not limited to screening and appropriate interventions for diabetes and cancer.
- Provide oral health screening and education to high-risk populations.
- Follow CDC guidelines for immunizations.
- Improve provider's ability to identify health risks by consistently obtaining, updating and acting upon risks identified in their patient's family health history.

Older adults

- Follow U.S. Preventive Services Task Force Guidelines for all preventive services for older adults, in addition to the following:
- Give patients assistance for managing their medications and moving from one care setting to another.
- Screen for risk for falls and provide education and referral to community-based program and resources.
- Screen for sensory loss and cognitive changes.
- Screen for sexually transmitted disease/HIV.
- Coordinate with patients and pharmacies to assure that medications and dosages are correct for a positive outcome for the patient.
- Improve provider's ability to provide advance care planning, palliative and end of life care.

	<ul style="list-style-type: none"> • Provide primary care teams with the tools to take responsibility for care coordination. Encourage the use of appropriate transition systems and partners. • Integrate evidence-based strategies to improve care transitions into all training and technical assistance for health care providers across the care continuum.
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Increase collaboration with health systems, community partners and health plans to use community-based services, resources and self-management programs from prevention to intervention

- Integrate evidence-based strategies to improve care transitions into all training and technical assistance for health care providers across the care continuum so they can:
 - Identify and refer patients to appropriate services.
 - Take responsibility for care coordination.
 - Use appropriate transition systems and partners.

Provide training, technical assistance and quality improvement activities to develop, improve & implement team-based care through patient centered medical/health homes.

- Facilitate quality improvement by providing training, technical assistance, resources to health care providers so they can:
 - Implement team-based care in primary care settings, where each team member works collaboratively to the top of their skill, scope, and licensure.

Expand patient access by assuring adequate reimbursement practices for clinical and community-based services.

- Convene and educate key stakeholders, third-party payers, and health plan purchasers to cultivate changes to benefits and payment systems.

Improve the ability of primary care providers to integrate mental health/chemical dependency screening and interventions into their practice.

- Facilitate quality improvement by providing training, technical assistance, resources to health care providers so they can:
 - Include principles from infant mental health into practice.
 - Screen for depression, mental health, and trauma concerns in children and adolescents using evidence-based guidelines.
 - Screen, treat, and provide appropriate follow up for depression and anxiety in adults, including pregnant and post partum women, using a valid standardized screening tool.
 - Identify patients at risk for Post Traumatic Stress Disorder using a risk profile-screening tool.
 - Screen for dementia and cognitive issues in older adults using a valid standardized screening tool.
 - Train providers on the importance of incorporating Adverse Childhood Experiences (ACES) concepts into practice.

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Health Equity

Health equity exists when everyone has an equal opportunity to achieve the highest level of health.

This helps ensure fairness in the distribution of benefits and burdens, and the right of everyone to a good standard of living. Special focus should be on those who have experienced socioeconomic disadvantage or a history of injustice. These groups are described by education, income, social position, race/ethnicity, religion, gender, disability status, sexual orientation, and other characteristics linked with discrimination or exclusion from society. One of the central priorities driving the public health agenda should be to achieve health equity across the life course. As a society, we have an ethical obligation to support attainment of basic human capabilities by all.

Strategies

We will use the following strategies and interventions to improve health equity in Washington.

Build organizational structures and supports to promote health equity to public health systems and community partners.

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| <ul style="list-style-type: none"> • Hire, train, and support staff to incorporate health equity into their public health practice. • Increase the public health workforce diversity and competency through recruitment, retention, promotion, and training of racially, ethnically, and culturally diverse individuals. • Incorporate health equity in Requests for Proposals, contract language, and processes. • Develop health equity communication plans. | <ul style="list-style-type: none"> • Incorporate clear, accurate, and consistent health equity messages in current and future communications plans. • Increase the capacity of community based organizations to do health equity work. • Enhance partnerships with community organizations and Improve coordination, collaboration, and opportunities for soliciting community input on decisions that impact them. • Ensure ending health disparities is a priority on the local and state public health and healthcare agendas. |
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Identify the health issues using both qualitative and quantitative data.

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| <ul style="list-style-type: none"> • Ensure the availability of health data on all racial, ethnic, and other populations experiencing poor health outcomes. • Use tools, such as the Connecticut Health Equity Index, to identify inequities in communities and then focus efforts. | <ul style="list-style-type: none"> • Complement quantitative data collection with a variety of community appropriate qualitative methods (surveys, interviews, focus groups) to verify community-identified health priorities. • Highlight the most striking inequities, through clear, consistent, and widespread messages to decision makers, affected communities, partners, and the general public. |
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Cultivate state and local leadership, coalitions, and community engagement to develop community informed interventions to correct inequities.

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| <ul style="list-style-type: none">• Invest resources to build strong and trusting relationships with communities.• Include voices of the populations identified as experiencing health inequities and create meaningful opportunities for community engagement. | <ul style="list-style-type: none">• Develop and support partnerships among public, nonprofit, and private entities to provide a comprehensive infrastructure. Such an infrastructure will help increase awareness, drive action, and ensure accountability in efforts to achieve health equity across the lifespan.• Build capacity at all levels of decision making to promote and sustain community solutions for ending health inequities. |
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Select, design, and implement strategies that promote health equity and eliminate disparities across the state and within local communities.

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| <ul style="list-style-type: none">• Partner with governmental and non-governmental organizations to support and implement policies that create the social, environmental, and economic conditions to realize healthy outcomes.• Apply the Equity Impact Review Guide to evaluate the strength of a plan or policy to reduce health inequities and not make them worse.• Work with identified communities to choose and pilot interventions that are likely to be effective for populations with low socioeconomic status, racial and ethnic populations, and other culturally diverse populations. | <ul style="list-style-type: none">• Balance the need to give high priority to targeted interventions for smaller at-risk populations with interventions for overall population impact.• Ask communities to identify health indicators they want to focus on and their measures of progress in achieving health equity. |
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Evaluate and monitor health equity activities for their impact in eliminating health disparities.

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| <ul style="list-style-type: none">• Invest in community based participatory research and evaluation of community originated intervention strategies, to broaden the evidence base. | <ul style="list-style-type: none">• Increase use of current tools to measure whether strategies are having differential impact across the population groups and areas experiencing greatest health disparities. |
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